

## FREEDOM OF INFORMATION ACT REQUEST FORM

THIS FORM OR A SIMILAR REQUEST MUST BE HAND DELIVERED, EMAILED OR MAILED TO KERSHAW COUNTY. PLEASE HAND DELIVER OR MAIL TO: Merri Seigler, 515 Walnut Street, Camden, SC 29020 OR EMAIL TO <a href="mailto:merri.seigler@kershaw.sc.gov">merri.seigler@kershaw.sc.gov</a>.

DATE OF REQUEST:		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	EMAIL:	
SIGNATURE:		
PUBLIC RECORD(S) REQUEST	TED TO INSPECT OR COPY (pleas	se be as specific as possible):
(Attach additional pages as n	necessary)	
body, to charge and collect fees adopted on August 14, 2012, Ke for staff time in searching for at County is: "The obligation of the required to analyze data or mak to a Freedom of Information Ac specifically Section 30-2-50(A)	s for the actual costs of responding ershaw County Council adopted a and providing requested information the County is to make records available data compilations in responding at Request is subject to the provision. "A person or private entity shall not local government, or other political	OIA) authorizes Kershaw County, as a public to requests for public information. By Resolution policy setting the established fees for copies and a. Requestors are reminded that the policy of the able for review by the public; employees are not to FOIA requests." Information supplied pursuant ons of South Carolina Code Section 30-2-50 and not knowingly obtain or use personal information all subdivision of the State for commercial
	Schedule of Fees Kershaw C	County Charges
Copies	cents (\$0.50) per page. Copies of Council minutes, Resolutions and Ordinances <u>may</u> be free, if a small number of copies are involved.	
Research & Preparation	Based on actual costs of searching for and making copies.	
required for numerous copie require unusual staff time to	s, or if the request relates to inf	g and copying requested information will be formation not readily retrievable or which will provider and employer.
	FOR OFFICE USE O	NLY
REQUEST ASSIGNED TO	DAT	TE OF COMPLETION:
DATE OF ASSIGNMENT:	FEF	FOR SERVICES:
DATE OF RESPONSE DUE:	MET	THOD OF PAYMENT: